

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN312AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/16/2008
NAME OF PROVIDER OR SUPPLIER MOUNTAIN SPRINGS ASSISTED COMM		STREET ADDRESS, CITY, STATE, ZIP CODE 2907 N MOUNTAIN STREET CARSON CITY, NV 89703		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 12/16/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 60 Residential Facility for Group beds for elderly disabled persons, Category II. The census at the time of the survey was 57 residents. Fifty-seven resident Medication Administration Records were reviewed. Twenty-four resident files were reviewed and ten employee files were reviewed. One discharged resident file was reviewed. The following deficiencies were identified:	Y 000		
Y 103 SS=E	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review on 12/16/08, the facility	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 failed to ensure that 3 of 10 employees complied with NAC 441A.375 regarding tuberculosis testing (Employee #1, #3 and #6). This was a repeat deficiency from the State Licensure survey dated 12/4/07. Severity: 2 Scope: 2	Y 103		
Y 105 SS=D	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 12/16/08, the facility failed to ensure 2 of 10 caregivers met background check requirements (Employee #9 and #10). Severity: 2 Scope: 1	Y 105		
Y 250 SS=F	449.217(1) Kitchens-Equipment works; Clean and Sanitary NAC 449.217 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working	Y 250		

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Y 256	Continued From page 3	Y 256			
Y 256 SS=C	<p>449.217(6)(b) Permits - Have necessary permits</p> <p>NAC 449.217</p> <p>6. A residential facility with more than 10 residents must:</p> <p>(b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 12/16/08, the facility did not have a current permit from the Bureau of Health Protection Services for 1 of 2 kitchens.</p> <p>Severity: 1 Scope: 3</p>	Y 256			
Y 878 SS=D	<p>449.2742(6)(a)(1) Medication / Change order</p> <p>NAC 449.2742</p> <p>6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:</p> <p>(a) The caregiver responsible for assisting in the administration of the medication shall:</p> <p>(1) Comply with the order.</p>	Y 878			

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Y 878	<p>Continued From page 4</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 12/16/08, the facility failed to ensure medications were available in the facility to administer as prescribed to 13 of 57 residents (Resident #1, #2, #5, #6, #8, #11, #14, #17, #19, #21, #22, #23 and #24).</p> <p>Severity: 2 Scope: 1</p>	Y 878			

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